



**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: OCT 18 2013**

Ms. Charity A. Lytle, Administrator  
Lytle's Personal Care Home, LLC  
4508 National Pike  
Markleysburg, Pennsylvania 15459

Dear Ms. Lytle:

As a result of the Department of Public Welfare's (Department) licensing inspection on September 10, 2013, of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Human Services Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in black ink that reads "Maria Stepanovich". The signature is written in a cursive style.

Maria Stepanovich  
Regional Licensing Administrator

Enclosure(s)



OCT 11 2013

Violation Report: 44391 - 09/10/2013 - Glidden, Michelle  
PCH Name: LYTLE S PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

The home is video recording the two resident living rooms and four hallways of the home. On admission, residents of the home are not informed that these areas are subject to video recording and there are no signs posted indicating that images are being recorded in these areas.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

At this time video recorder not in use. Will investigate to see if it can be used as monitor only, instead of recorder.

Immediately - video monitoring shall be in accordance with 2600.42s which permits video monitoring of the home's exterior and video monitoring of the home's interior common areas. ms 10/11/13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Charity Lytle*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Charity Lytle owner

Date 10/2/13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10/11/13  
(Date)

Plan of correction implementation status as of 10/11/13  
(Date)

The above plan of correction was approved by ms  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress MS
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44391 - 09/10/2013 - Glidden, Michelle  
PCH Name: LYTTLE S PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.161(d) - A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident #1 was prescribed a mechanical soft diet on 4/24/13. However, the resident received a hot dog (cut in 3 pieces) and corn for lunch on 9/10/13. According to the National Dysphasia Diet (NDD), Dysphasia Mechanically-Altered diet guidelines, meat should be tender and moist, ground, or cubed smaller than 1/4 inch and cooked corn should be avoided. Approximately 1 1/2 hours after lunch, resident #1 was observed coughing up small pieces of the hot dog that was consumed at lunch.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff + Resident #1 were given a copy of the guidelines for a mechanical soft diet, from the National Dysphasia Diet (NDD). Staff to follow guidelines and make appropriate food for Resident #1. (Copy enclosed) Staff will counsel Resident #1 on importance of diet.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) *Charity Lytle*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Charity Lytle owner*      Date *10/2/13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10/1/13  
(Date)

The above plan of correction was approved by ms  
(Initials)

Plan of correction implementation status as of 10/1/13  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *ms*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44391 - 09/10/2013 - Glidden, Michelle  
PCH Name: LYTTLE S PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #1 was prescribed a mechanical soft diet on 4/24/13. However, the resident's assessment, dated 4/11/13, indicates the resident does not have a dietary need.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #1 assessment was updated, to indicate he is on a mechanical soft diet.  
(copy enclosed)

Admin or designee to check all diets and put appropriate diet on PME and assessment. Also, update assessment for each diet change as necessary.

Resident #1 was taken to VA Hospital on 10/1/13 to verify diet by a barium swallow. Results to follow when complete

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Charity Lytle*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Charity Lytle owner*      Date *10/2/13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10/11/13 (Date)

The above plan of correction was approved by MS (Initials)

Plan of correction implementation status as of 10/11/13 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress MS
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44391 - 09/10/2013 - Glidden, Michelle  
PCH Name: LYTLE S PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #1 was prescribed a mechanical soft diet on 4/24/13. However, the resident's support plan, dated 4/11/13, does not address the mechanical soft diet.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #1 assessment / support Plan was updated to indicate he is on a mechanical soft diet.

Admin or designee to check all diets and put appropriate diet on OME and assessment. For each diet change as necessary and upon admission.

Resident #1 was taken to VA Hospital on 10/1/13 to verify diet by a barium swallow. Results to follow when complete.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Charity Lytle*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Charity Lytle owner

Date 10/2/13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10/14/13  
(Date)

Plan of correction implementation status as of 10/14/13  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress MS
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by MS  
(Initials)